In-Processing Requirements Checklist
VA PALO ALTO HEALTH CARE SYSTEM (VAPAHCS)
MEDICAL STUDENTS
<mark>PLEASE PRINT CLEARLY</mark>

Full Name: _____   **Academic Rotation 2015 – 2016**

Affiliate/School Name: _____

Study Program: _____

New to VA Palo Alto Health Care System? (Check) Yes ☐ **or No** ☐

<mark>THE DOCUMENTS ON THIS LIST ARE ALL REQUIRED TO BE SUBMITTED WITH YOUR PACKET, PLEASE READ THE INSTRUCTIONS FOR EACH REQUIREMENT CAREFULLY TO AVOID DELAYS AND DO NOT STAPLE!!</mark>

☐ **Requirement # 1** – Information Required for Electronic Fingerprint Verification Form
(Complete all fields on this form, see VAPAHCS Welcome Letter for more detailed instructions)

☐ **Requirement # 2** – "I-9 Employment Verification Form", correct version expires <u>3/31/2016</u> (Required by the U.S. Department of Homeland Security, see 5 page attachment: instructions and form to complete).

☐ **Requirement # 3** – *Follow instructions to self-register on the TMS/training website. You will need to save your certificate in pdf format to send with packet, and print a copy to bring with you for your VA rotation.*

☐ **Requirement # 4** – (FOR INFO) PIV/Photo Identification Documentation Criteria
<mark>The names on both forms of ID must match exactly</mark> – review instructions, make clear and easy to read copies of IDs and submit with this packet, but **also** bring your original documents to present at the time of your VA orientation and processing.

☐ **Requirement # 5 –Personal Data Sheet.** Please complete ALL fields.
<u>**IMPORTANT FOR VALLEY MED RESIDENTS** </u> **ROTATING AT VA WITH MEDICINE SERVICE, your NPI number must be listed on this form.**

☐ **Requirement # 6** - Previously Issued VAPAHCS ID Badge, **if Applicable** (no attachment).
NOTE: If you were previously issued a VAPAHCS ID Badge and did not return it when your last rotation through VAPAHCS ended, you must return it before you will be issued a new VAPAHCS ID Badge. A $10 fine is assessed for unreturned VAPAHCS ID Badges.

IMPORTANT: If you already rotated at a different VA facility/hospital, in any status (i.e., medical student, Intern, Resident, Fellow, etc.), please provide the following information:

LOCATION (Hospital/Facility) NAME: _____

Dates of most recent training: _____   **Issued a PIV badge? YES** ☐ **NO** ☐

If you are currently working at another VA, when is the <u>last date</u> you will use your computer access at this facility? _____ **Important – IT must change account to this domain.**

CONTACT YOUR SPECIALTY CLERKSHIP COORDINATOR, IF QUESTIONS.

DO NOT ALTER THIS FORM IN ANY WAY